

Recipient Committee Campaign Statement Cover Page

COVER PAGE

20 JAN 2021 10:00 AM
CITY OF PERKS 02101

DATE stamp

CALIFORNIA 460 FORM

Page 1 of 16

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

Statement covers period
from 07/01/2020
through 12/31/2020

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4
- ☒ Officeholder, Candidate Controlled Committee
- ☐ State Candidate Election Committee
- ☐ Recall (Also Complete Part 5)
- ☐ General Purpose Committee
- ☐ Sponsored
- ☐ Small Contributor Committee
- ☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
- ☐ Controlled
- ☐ Sponsored (Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain Below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER **1407086**

STREET ADDRESS (NO P.O. BOX)

226 East Canon Perdido Street #D

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Barbara, CA 93101 805-709-0595

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 5252

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93456

OPTIONAL: FAX / E-MAIL ADDRESS

monica@cicb.com

Treasurer(s)

NAME OF TREASURER

Monica Intaglietta

MAILING ADDRESS

226 East Canon Perdido Street #D

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Barbara, CA 93101 8057090595

NAME OF ASSISTANT TREASURER, IF ANY

Jennifer Cooper

MAILING ADDRESS

226 East Canon Perdido Street #D

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Barbara, CA 93101

OPTIONAL: FAX / E-MAIL ADDRESS

monica@cicb.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/4/20 DATE

Executed on 11/4/21 DATE

Executed on _____ DATE

Executed on _____ DATE

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM
460

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5. Officeholder or Candidate Controlled Committee

| | | | |
|--|---------------------|-----------------------|-----------|
| NAME OF OFFICEHOLDER OR CANDIDATE Gloria Soto | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | |
| City Council Member | City of Santa Maria | 3 | STATE ZIP |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | | Santa Maria, CA 93458 | |
| 818 W Dante Drive | | | |

Related Committees Not Included In this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

| | | | |
|-------------------|---|----------|-----------------|
| COMMITTEE NAME | I.D. NUMBER | | |
| NAME OF TREASURER | (CONTROLLED COMMITTEE?) <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| COMMITTEE NAME | I.D. NUMBER | | |
| NAME OF TREASURER | (CONTROLLED COMMITTEE?) <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

| | |
|------------------------|--|
| NAME OF BALLOT MEASURE | |
| BALLOT NO. OR LETTER | JURISDICTION |
| | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| | |
|--|---------------------|
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 07/01/2020
through 12/31/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER

1407086

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | | | |
|---------------------------------------|--------------------|-----------|-----------|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 317.00 | \$ 317.00 |
| 2. Loans Received | Schedule B, Line 3 | .00 | .00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 317.00 | \$ 317.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | .00 | .00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 317.00 | \$ 317.00 |

1/1 through 6/30

7/1 to Date

20. Contributions Received \$.00 \$.00

21. Expenditures Made \$.00 \$.00

Expenditures Made

| | | | |
|--|----------------------|-------------|-------------|
| 6. Payments Made | Schedule E, Line 4 | \$ 1,935.42 | \$ 5,085.42 |
| 7. Loans Made | Schedule H, Line 3 | .00 | .00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 1,935.42 | \$ 5,085.42 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | .00 | .00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | .00 | .00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 1,935.42 | \$ 5,085.42 |

Expenditures Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(# Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Current Cash Statement

| | | |
|---|---|-------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 3,657.56 |
| 13. Cash Receipts | Column A, Line 3 above | 317.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | .00 |
| 15. Cash Payments | Column A, Line 8 above | 1,935.42 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2,039.14 |

If this is a termination statement, Line 16 must be zero.

| | | |
|------------------------------------|--------------------|--------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Line 2 | \$.00 |
|------------------------------------|--------------------|--------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|--------|
| 18. Cash Equivalents | See instructions on reverse | \$.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$.00 |

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | | | | |
|--|--|--|--|--|--|
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u> | | CALIFORNIA 460 FORM | |
| Gloria Soto for Santa Maria City Council District 3 2022 | | I.D. NUMBER | | Page <u>4</u> of <u>16</u> 1407086 | |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|--|--|---------------------------------------|
| 08/18/2020 | Kathleen Sharum 416 E Hermosa St Santa Maria, CA 93454 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not employed Not employed | 100.00 **INTERMEDIARY** | 100.00 | |
| | | | | ActBlue 366 Summer Street Somerville, MA 02144 | | |

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.)

----- \$ 100.00

2. Amount received this period - unitemized monetary contributions of less than \$100

----- \$ 217.00

3. Total monetary contributions received this period.
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

----- TOTAL \$ 317.00

SUBTOTAL \$ 100.00

* Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u> | | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>16</u> | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER 1407086

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD ** | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|--|--|---------------------------------------|---|--|-------------------------------------|-----------------------------------|--|
| * <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ | % RATE | \$ | \$ |
| | | | | | | | | CALENDAR YEAR \$ PER ELECTION** |
| | | | | | | | | DATE INCURRED |

Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
----- \$.00
- Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)
----- \$.00
- Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2
----- NET \$.00
(May be a negative number)

SUBTOTALS \$ \$ \$ \$ \$

*Amounts forgiven or paid by another party also must be reported on Schedule A
** If required.

(Enter (e) on
Schedule E, Line 3)

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

* Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

| | | | | |
|--|--|--------------------------------|-------------------------------|----------------------------|
| Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u> | | CALIFORNIA 460 FORM | | Page <u>6</u> of <u>16</u> |
| SEE INSTRUCTIONS ON REVERSE | | | I.D. NUMBER 1407086 | |
| NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022 | | | | |

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|---|--------|-------------------------------------|--|-----------------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER | | CALENDAR DATE \$ PER ELECTION (IF REQUIRED) | |
| | | | DATE | | | |

| | |
|--------------------|---|
| SUBTOTAL \$ | Enter on Summary Page, Line 17 only. |
|--------------------|---|

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

CALIFORNIA 460 FORM

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Statement covers period
from 07/01/2020
through 12/31/2020

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER

1407086

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------|--|--|--|-------------------------------------|-----------------------------|--|--|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) -- -- -- \$.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 -- -- -- \$.00

3. Total nonmonetary contributions received this period.
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) -- -- -- TOTAL \$.00

SUBTOTAL \$

* Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u> | | CALIFORNIA 460 FORM |
| | | Page <u>8</u> of <u>16</u> |

| | | |
|--|--|-------------------------------|
| NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022 | | I.D. NUMBER 1407086 |
|--|--|-------------------------------|

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|--|---|------------------------------|-----------------------|---|--|
| 07/06/2020 | Santa Barbara Democratic Party DISTRICT #: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 250.00 | 250.00 | |

SCHEDULE D SUMMARY

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 250.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$ 250.00**

| |
|---------------------------|
| SUBTOTAL \$ 250.00 |
|---------------------------|

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|---|--|----------------------------------|
| Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u> | | CALIFORNIA 460 FORM |
| Page <u>9</u> of <u>16</u> | | |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022 | | I.D. NUMBER 1407086 |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads

RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|---------------|
| Santa Barbara Democratic Party 1025 Castillo Street Santa Barbara, CA 93101 ID: 742091 | CTB | | | 250.00 |
| C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101 | PRO | | | 150.00 |
| C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101 | PRO | | | 150.00 |
| Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116 | OFC | | | 75.00 |
| SUBTOTAL \$ | | | | 625.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 07/01/2020
through 12/31/2020

Page 10 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER

1407086

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Fund For Santa Barbara 26 West Anapamu Street Santa Barbara, CA 93101 | CVC | | | 300.00 |
| Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116 | OFC | | | 75.00 |
| C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101 | PRO | | | 150.00 |
| Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116 | OFC | | | 75.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 600.00

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | | |
|---|--|-------------------------------|-----------------------------|
| Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u> | | CALIFORNIA FORM 460 | Page <u>11</u> of <u>16</u> |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2022 | | | |
| I.D. NUMBER 1407086 | | | |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101 | PRO | | | 150.00 |
| Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116 | OFC | | | 75.00 |
| C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101 | PRO | | | 150.00 |
| Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116 | OFC | | | 75.00 |

| | | | | | |
|--|--|--|--|--------------------|---------------|
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | | | SUBTOTAL \$ | 450.00 |
|--|--|--|--|--------------------|---------------|

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | | | | |
|--|--|-------------------------|--|---------------------|--|
| SEE INSTRUCTIONS ON REVERSE | | Statement covers period | | CALIFORNIA 460 | |
| NAME OF FILER | | from 07/01/2020 | | FORM | |
| Gloria Soto for Santa Maria City Council District 3 2022 | | through 12/31/2020 | | Page 12 of 16 | |
| | | | | I.D. NUMBER 1407086 | |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101 | PRO | | 150.00 |

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,825.00
- Unitemized payments made this period of under \$100 \$ 110.42
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1,935.42**

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 150.00

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

| | | | | | |
|--|--|-------------------------|--|---------------------|--|
| SEE INSTRUCTIONS ON REVERSE | | Statement covers period | | CALIFORNIA 460 FORM | |
| NAME OF FILER | | from 07/01/2020 | | Page 13 of 16 | |
| Gloria Soto for Santa Maria City Council District 3 2022 | | through 12/31/2020 | | I.D. NUMBER 1407086 | |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|--|---------------------------------------|---|---|
| | | | | | |

SCHEDULE F SUMMARY

| | | | |
|---|-------|--------------------|-----|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) | ----- | INCURRED TOTALS \$ | .00 |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | ----- | PAID TOTALS \$ | .00 |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | ----- | NET \$ | .00 |

| | | | |
|--------------|----|----|----|
| SUBTOTALS \$ | \$ | \$ | \$ |
|--------------|----|----|----|

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

I.D. NUMBER

1407086

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

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RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |

Schedule H

Loans Made to Others*

Amounts may be rounded to whole dollars.

SCHEDULE H

| | | | |
|--|--|---------------------|--|
| Statement covers period from 07/01/2020 through 12/31/2020 | | CALIFORNIA FORM 460 | |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER

1407086

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD * | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|---|--|---|-------------------------------|---|---|-----------------------|-----------------------------|---------------------------------|
| | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | \$ RATE % | \$ | CALENDAR YEAR \$ PER ELECTION * |

| | | | | | | | | |
|-----------|----|----|----|----|----|----|----|----|
| SUBTOTALS | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
|-----------|----|----|----|----|----|----|----|----|

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

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FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

CALIFORNIA
FORM 460

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Statement covers period

from 07/01/2020

through 12/31/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2022

I.D. NUMBER

1407086

DATE
RECEIVED

FULL NAME AND ADDRESS OF SOURCE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DESCRIPTION OF RECEIPT

AMOUNT OF
INCREASE TO CASH

Schedule I Summary

- Itemized increases to cash this period. \$.00
- Unitemized increases to cash of under \$100 this period. \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$.00

SUBTOTAL \$